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|  |   |                                |                                   |             |   |                      |                         |       |  |          |      |               |                   |                     |                   |
|--|---|--------------------------------|-----------------------------------|-------------|---|----------------------|-------------------------|-------|--|----------|------|---------------|-------------------|---------------------|-------------------|
| <b>POWER OF ATTORNEY<br/>                 OR<br/>                 REVOCATION OF POWER OF ATTORNEY<br/>                 WITH A NEW POWER OF ATTORNEY<br/>                 AND<br/>                 CHANGE OF CORRESPONDENCE ADDRESS</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Application Number</td> <td>09/762,319 (Patent No. 6,561,716)</td> </tr> <tr> <td>Filing Date</td> <td>February 6, 2001<br/><i>(issued: May 19, 2003)</i></td> </tr> <tr> <td>First Named Inventor</td> <td>Yoshihiro Suzuld et al.</td> </tr> <tr> <td>Title</td> <td>UNIVERSAL JOINT DEVICE AND METHOD OF<br/>MANUFACTURING THE DEVICE</td> </tr> <tr> <td>Art Unit</td> <td>3671</td> </tr> <tr> <td>Examiner Name</td> <td>Robert E. Pezzuto</td> </tr> <tr> <td>Attorney Docket No.</td> <td>03367/0211932-US0</td> </tr> </table> | Application Number             | 09/762,319 (Patent No. 6,561,716) | Filing Date | February 6, 2001<br><i>(issued: May 19, 2003)</i> | First Named Inventor | Yoshihiro Suzuld et al. | Title | UNIVERSAL JOINT DEVICE AND METHOD OF<br>MANUFACTURING THE DEVICE | Art Unit | 3671 | Examiner Name | Robert E. Pezzuto | Attorney Docket No. | 03367/0211932-US0 |
| Application Number   | 09/762,319 (Patent No. 6,561,716)   |                                |                                   |             |   |                      |                         |       |  |          |      |               |                   |                     |                   |
| Filing Date  | February 6, 2001<br><i>(issued: May 19, 2003)</i>   |                                |                                   |             |   |                      |                         |       |  |          |      |               |                   |                     |                   |
| First Named Inventor   | Yoshihiro Suzuld et al.   |                                |                                   |             |   |                      |                         |       |  |          |      |               |                   |                     |                   |
| Title  | UNIVERSAL JOINT DEVICE AND METHOD OF<br>MANUFACTURING THE DEVICE  |                                |                                   |             |   |                      |                         |       |  |          |      |               |                   |                     |                   |
| Art Unit   | 3671  |                                |                                   |             |   |                      |                         |       |  |          |      |               |                   |                     |                   |
| Examiner Name  | Robert E. Pezzuto   |                                |                                   |             |   |                      |                         |       |  |          |      |               |                   |                     |                   |
| Attorney Docket No.  | 03367/0211932-US0   |                                |                                   |             |   |                      |                         |       |  |          |      |               |                   |                     |                   |
| I hereby revoke all previous powers of attorney given in the above-identified application.   |   |                                |                                   |             |   |                      |                         |       |  |          |      |               |                   |                     |                   |
| <input type="checkbox"/> A Power of Attorney is submitted herewith.<br>OR<br><input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: <div style="float: right; border: 1px solid black; padding: 5px; margin-left: 20px;">76808</div> |   |                                |                                   |             |   |                      |                         |       |  |          |      |               |                   |                     |                   |
| <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:  |   |                                |                                   |             |   |                      |                         |       |  |          |      |               |                   |                     |                   |
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| Please recognize or change the correspondence address for the above-identified application to:<br><input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number:<br>OR<br><input type="checkbox"/> The address associated with Customer Number: <div style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-left: 20px;"></div>  |   |                                |                                   |             |   |                      |                         |       |  |          |      |               |                   |                     |                   |
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| Country  |   | Telephone                      | Email                             |             |   |                      |                         |       |  |          |      |               |                   |                     |                   |
| I am the:<br><input type="checkbox"/> Applicant/Inventor.<br>OR<br><input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) (Form PTO/SB/06) submitted herewith or filed on _____   |   |                                |                                   |             |   |                      |                         |       |  |          |      |               |                   |                     |                   |
| SIGNATURE of Applicant or Assignee of Record   |   |                                |                                   |             |   |                      |                         |       |  |          |      |               |                   |                     |                   |
| Signature  |   | Date                           |                                   |             |   |                      |                         |       |  |          |      |               |                   |                     |                   |
| Name   |   | Telephone                      |                                   |             |   |                      |                         |       |  |          |      |               |                   |                     |                   |
| Title and Company  |   | President                      |                                   |             |   |                      |                         |       |  |          |      |               |                   |                     |                   |
| Kozo ISHIKAWA  |   | Nov 11, 2010<br>81-3-3623-0319 |                                   |             |   |                      |                         |       |  |          |      |               |                   |                     |                   |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.   |   |                                |                                   |             |   |                      |                         |       |  |          |      |               |                   |                     |                   |
| <input checked="" type="checkbox"/> *Total of 1 forms are submitted.   |   |                                |                                   |             |   |                      |                         |       |  |          |      |               |                   |                     |                   |